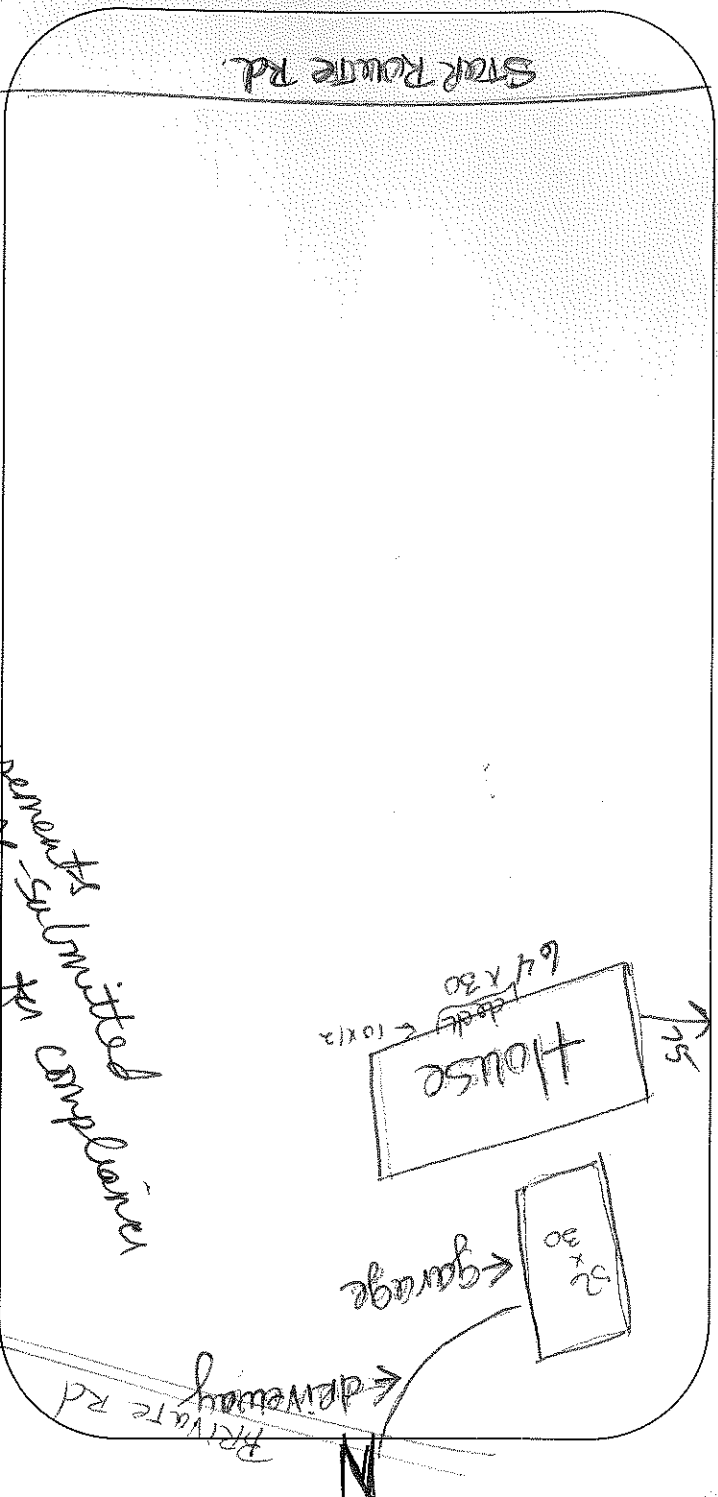




the box below: Draw or Sketch Your Property (Regardless of what you are applying for)

- Show Location of: **Proposed Construction**  
(1) Show / Indicate: **North Arrow** Plot Plan  
(2) Show Location of (\*): **(\*) Driveway and (\*) Frontage Road** (Name Frontage Road)  
(3) Show: **All Existing Structures on your Property**  
(4) Show: **(\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)**  
(5) Show any (\*): **(\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond**  
(6) Show any (\*): **(\*) Wetlands; or (\*) Slopes over 20%**



(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	106' 11/16"	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	152' 15/4"	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	174' 1/4"	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	106' 11/16"	Setback from Wetland	Feet
Setback from the West Lot Line	175' 1/4"	Setback from 20% Slope Area	Feet
Setback from the East Lot Line	161' 8/54"	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	Feet		Feet
Setback to Privy (Portable, Composting)	Feet		Feet

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

➤ Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

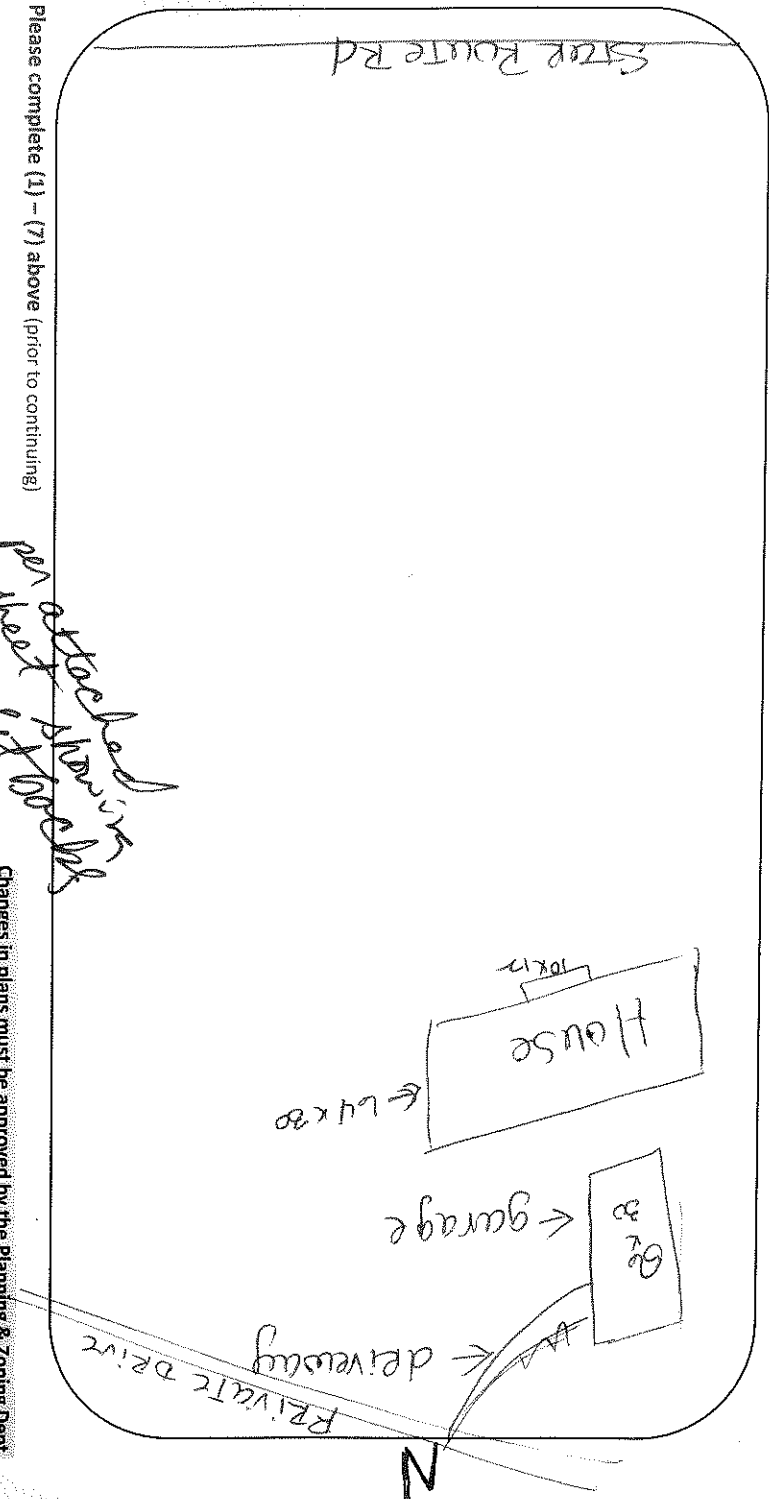
The local Town, Village, City, State or Federal agencies may also require permits.

<b>Issuance Information (County Use Only)</b>		Sanitary Number: 16-1615	# of bedrooms: 1	Sanitary Date:
Permit Denied (Date):	Reason for Denial:			
Permit #: 16-0894	Permit Date: 9-6-16			
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(Deed of Record)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is Parcel in Common Ownership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(Fused/Contiguous Lot(s))	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required
Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Inspection Record: site marked for 2nd insp.				
Date of Inspection: 7.27.16	Inspected by: J. Green	Inspector: Murphy		
Conditions: Town Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (if No they need to be attached.)				
Building, including any & furthest extension of building shall be located a minimum of 75 Ft from west property line.				
Signature of Inspector: [Signature]				
Hold For Sanitary: <input type="checkbox"/>	Hold For BA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	



Look below: Draw or Sketch your Property (Indicate what you are applying for)

- (1) Show Location of: **Proposed Construction**  
(2) Show / Indicate: **North (N) on Plot Plan**  
(3) Show Location of (\*): **(\*) Driveway and (\*) Frontage Road (Name Frontage Road)**  
(4) Show: **All Existing Structures on your Property**  
(5) Show: **(\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)**  
(6) Show any (\*): **(\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond**  
(7) Show any (\*): **(\*) Wetlands; or (\*) Slopes over 20%**



Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	1126 Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	11494 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	126 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	372 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	271 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

✓ (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

<b>Issuance Information (County Use Only)</b>		Sanitary Number:	116-6615		# of bedrooms:		Sanitary Date:		
Permit Denied (Date):		Reason for Denial:							
Permit #: 116-0095		Permit Date: 9-10-16							
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Deed of Record	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(fused/Contiguous Lot(s))	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								
Granted by Variance (B.O.A.)		Case #:		Previously Granted by Variance (B.O.A.)		Case #:			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Was Parcel Legally Created	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Were Property Lines Represented by Owner	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was Property Surveyed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	stake-dug							
Inspection Record:		Inspected by: J. WOODBONE Murphy		Zoning District: A-1					
Date of inspection: 7-27-16				Date of Re-inspection: 8-18-16					
Condition(s) Town Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If No they need to be attached		MINIMUM OF 30 FT FROM WEST PROPERTY LINE, INCLUDING EYE. BUILDING MUST ALSO BE + MINIMUM OF 40 FT FROM CENTER OF STARRS DRIVE.							
Signature of Inspector:		Date of Approval:							
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>						



SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN  
RECEIVED  
JUL 13 2016  
Bayfield Co. Zoning Dept.

Permit #: 16-0300  
Date: 9-7-16  
Amount Paid:  
Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Bayfield Co. Zoning Dept.

TYPE OF PERMIT REQUESTED: ☒ LAND USE ☐ SANITARY ☐ PRIVY ☐ CONDITIONAL USE ☒ SPECIAL USE ☐ B.O.A. ☐ OTHER

Owner's Name: STEVEN J PREWITT  
Address of Property: 36810 CO. RD 5  
Contractor: N/A  
Authorized Agent: (Person Signing Application on behalf of Owner(s)) N/A

Mailing Address: Aq Box 1515  
City/State/Zip: BAYFIELD, WI 54814  
Contractor Phone: 601 57814  
Plumber:  
Agent Phone:  
Agent Mailing Address (include City/State/Zip):  
Telephone: 715-309-4920  
Cell Phone: SAME  
Plumber Phone:

PROJECT LOCATION: NW 1/4, NE 1/4  
Legal Description: (Use Tax Statement) PIN: (23 digits) 04-006-2-50-04-12-02-000-33000  
Volume 1085  
Subdivision: 368  
Recorded Document: (i.e. Property Ownership) Attached ☐ Yes ☐ No

Section 13, Township 50 N, Range 4 W  
Town of: BAYFIELD  
Lot Size: 495' x 495' WY  
Acres: 5.63

☐ Shoreland ☒ Non-Shoreland

☐ Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? ☐ If yes---continue ☒ Distance Structure is from Shoreline: feet  
☐ Is Property/Land within 1000 feet of lake, Pond or Flowage ☐ If yes---continue ☒ Distance Structure is from Shoreline: feet

☐ Yes ☒ No ☐ Yes ☒ No

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$19900	<input type="checkbox"/> New Construction <input type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <input checked="" type="checkbox"/> Run a Business on Property	<input type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement <input type="checkbox"/> No Basement <input type="checkbox"/> Foundation	<input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: 4000L <input type="checkbox"/> Privy (pit) or Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet <input type="checkbox"/> None	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well <input type="checkbox"/> _____

SHOP structure: (if permit being applied for is relevant to it) Length: 30' Width: 30' Height: 14'

HOUSE n: Length: 36' Width: 36' Height: 10'

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	( )	( )
<input type="checkbox"/> with Loft	( )	( )	( )
<input type="checkbox"/> with a Porch	( )	( )	( )
<input type="checkbox"/> with (2nd) Porch	( )	( )	( )
<input type="checkbox"/> with a Deck	( )	( )	( )
<input type="checkbox"/> with (2nd) Deck	( )	( )	( )
<input type="checkbox"/> Commercial Use	with Attached Garage	( )	( )
<input type="checkbox"/> Secretarial Staff	Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities	( )	( )
<input type="checkbox"/> Mobile Home (manufactured date)	( )	( )	( )
<input type="checkbox"/> Addition/Alteration (specify)	( )	( )	( )
<input type="checkbox"/> Accessory Building (specify)	( )	( )	( )
<input type="checkbox"/> Accessory Building Addition/Alteration (specify)	( )	( )	( )
<input type="checkbox"/> Special Use: (explain) HOME BUSINESS - HOME OFFICE - FIREARM SALES	( )	( )	( )
<input type="checkbox"/> Conditional Use: (explain)	( )	( )	( )
<input type="checkbox"/> Other: (explain)	( )	( )	( )

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property and any reasonable information for the purpose of inspection.

Owner(s):  
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent:

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit: Aq Box 1515 BAYFIELD, WI 54814

If you recently purchased the property send your Recorded Deed

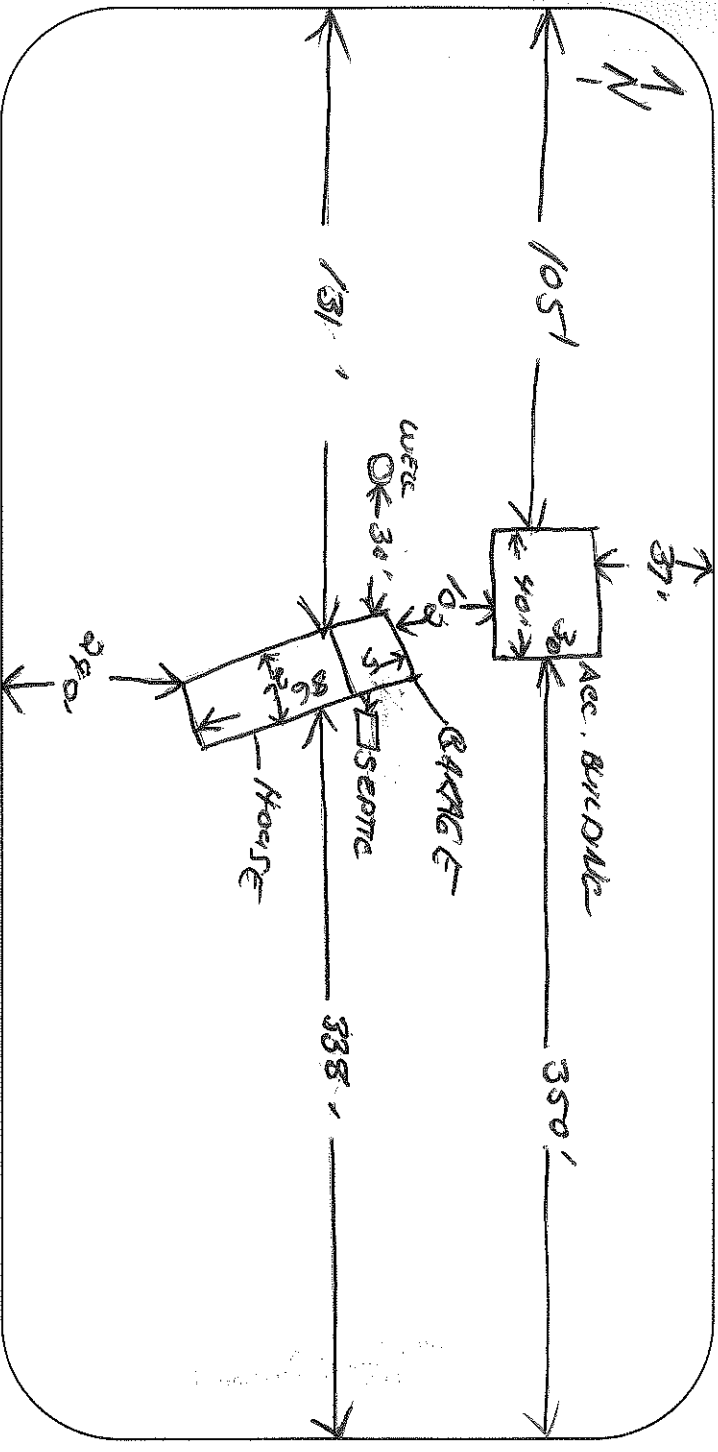
Attach  
Copy of Tax Statement  
Zoning

System Past Due - PDS SAID TO ISSUE

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Box below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**  
(2) Show / Indicate: North (N) on Plot Plan  
(3) Show Location of (\*): (\*) Driveway and (\*) Frontage Road (Name Frontage Road)  
(4) Show: All Existing Structures on your Property  
(5) Show: (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)  
(6) Show any (\*): (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond  
(7) Show any (\*): (\*) Wetlands; or (\*) Slopes over 20%



Please complete (1) – (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	35' - 167' Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	210' Feet	Setback from Wetland	Feet
Setback from the West Lot Line	131' 105' Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	338' 300' Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	5' Feet	Setback to Well	30' Feet
Setback to Drain Field	30' Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

<b>Issuance Information (County Use Only)</b>		<b>Sanitary Number:</b>		<b># of bedrooms:</b>		<b>Sanitary Date:</b>	
<b>Permit Denied (Date):</b>		<b>Reason for Denial:</b>					
<b>Permit #:</b> 16-0300		<b>Permit Date:</b> 9-27-16					
<input type="checkbox"/> Is Parcel a Sub-Standard Lot <input type="checkbox"/> Is Parcel in Common Ownership <input type="checkbox"/> Is Structure Non-Conforming		<input type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (Used/Contiguous Lot(s)) <input type="checkbox"/> No		<input type="checkbox"/> No <input type="checkbox"/> Mitigation Required <input type="checkbox"/> Mitigation Attached		<input type="checkbox"/> No <input type="checkbox"/> Affidavit Required <input type="checkbox"/> Affidavit Attached	
<input type="checkbox"/> Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Case #:</b>		<input type="checkbox"/> Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Case #:</b>	
<input type="checkbox"/> Was Parcel Legally Created <input type="checkbox"/> Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Inspection Record:</b> Past due on septic but can't hold permit because it came due after application was submitted		<b>Were Property Lines Represented by Owner Was Property Surveyed</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Date of Inspection:</b> 7-27-16		<b>Inspected by:</b> J. Anderson, Murphy		<b>Zoning District</b> (AC-1)		<b>Date of Re-Inspection:</b>	
<b>Condition(s):</b> Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)		<b>Per Conditions of Committee &amp; Limitations of Home Business Detention. Permit was issued inpector after BE completed with.</b>					
<b>Signature of Inspector:</b>				<b>Date of Approval:</b> 9-27-16			
<input type="checkbox"/> Hold For Sanitary		<input type="checkbox"/> Hold For TBA		<input type="checkbox"/> Hold For Affidavit		<input type="checkbox"/> Hold For Fees	